

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of *Charleston* (No. *171* *early*)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Virginia Sands*

File No.—For State Registrar Only

32141

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-A* Registered No. *434*

(For use of Local Registrar)

St.; ..... Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>9-12-22</i>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	
FATHER.			MOTHER.	
(8) FULL NAME <i>J. Duncan</i>			(14) NAME BEFORE MARRIAGE <i>Miss Sands</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Porterbury S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Porterbury S.C.</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>12</i>	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>21</i>	
(12) BIRTHPLACE <i>N.C.</i>		(18) BIRTHPLACE <i>A.C.</i>		
(13) OCCUPATION <i>Teacher</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *7:45* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. P. Brown*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *10-1-22* (28) *Jas. Cooper* Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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